



Fund Creation/Modification Agreement Form

Purpose of Fund/Criteria (Attach separate sheet if needed)

(If this is for a departmental scholarship, please also provide at least 3 measurable criteria Financial Aid can use to select the student recipient.)

Name of Fund _____

Account Information (Internal Use ONLY)

Raiser's Edge ID #: _____

Financial Edge ID #: _____

Type of Fund _____

Original Gift Amount: _____

Signature

Authorized Signature : _____ Date: _____

Supervisor Signature : _____ Date: _____

Vice President Signature : _____ Date: _____

Please attach all signed agreements to this form.